

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214518539			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: DELTA DENTAL OF CALIFORNIA</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2014</p> <p>SCC ID NO: F1339755</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 100 FIRST STREET MS 15L</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SAN FRANCISCO, CA 94105</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY D. RADINE TITLE: P/CEO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY D. RADINE TITLE: P/CEO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	D. DOUGLAS CASSAT, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10789 TIERRASANTA BLVD.		
CITY/ST/ZIP/CO:	SUITE 110 SAN DIEGO, CA 92124		
NAME:	LYNN L FRANZOI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	DEVANG M. GHANDHI, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 W. FLORENCE AVENUE		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90043		
NAME:	ROY A GONELLA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	BEVERLY A. KODAMA, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	STEVEN F. MCCANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1019 MCCAULEY ROAD		
CITY/ST/ZIP/CO:	DANVILLE, CA 94526		
NAME:	TERRY A O'TOOLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	STEPHEN R. PICKERING, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 FIRST STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		
NAME:	JO BONITA RAINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	562 PIONEER ROAD		
CITY/ST/ZIP/CO:	LAKE ARROWHEAD, CA 92352		
NAME:	ANDREW J REID	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	555 AIRPORT BLVD.		
CITY/ST/ZIP/CO:	SUITE 100 BURLINGAME, CA 94010		
NAME:	CORAGENE I SAVIO, DDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3969 24TH STREET		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94114		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A ZIMMERMAN DIRECTOR 9349 BELVOIR AVENUE LA CRESCENTA, CA 91214	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLEN F. BERGERT DIRECTOR 100 FIRST STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY D. KAPLAN, DDS DIRECTOR 100 FIRST STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GARY D. RADINE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY D. RADINE, P/CEO PRINTED NAME AND CORPORATE TITLE	4/8/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			